

**STONEBRIDGE CHRISTIAN PRESCHOOL
EMERGENCY AND MEDICAL INFORMATION FORM 2010-2011**

PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL EMERGENCY CONTACTS

***This is the name of the person to be contacted for immediate pick-up of your child due to inclement weather, sudden illness, or in case of an emergency if you, the parent, is not available.**

*
NAME _____ RELATIONSHIP _____ PHONE _____

Babysitter _____ Phone _____

Relative _____ Phone _____

Doctor _____ Phone _____

Hospital _____ Phone _____

(In case of an Emergency, children would be transported to the nearest hospital)

In the event that emergency treatment is needed for my child _____, and I cannot be reached, I give my permission to the staff of StoneBridge Christian Preschool to seek such treatment. I understand that they will continue to try and reach me.

Parent's Signature _____ Date _____

I give StoneBridge Christian Preschool permission to transport or arrange for transportation of my child _____. I understand that the preschool staff will insure that my child is secured in a safety restraint at all times the vehicle is in motion.

Parent's Signature _____ Date _____

CHILD'S MEDICAL INFORMATION

List any activities the child should not engage in:

List any health problems, physical limitations or allergies the child has:

RECORD OF IMMUNIZATIONS

List month, day and year of each dose: (a photocopy from your physician's office is acceptable and can be faxed to 402-571-7865) If your physician's office faxes this information, then you do not need to complete this immunization section.

PCV 1 _____ DTAP 1 _____ IPV1 _____ HIB 1 _____ HEP B 1 _____ MMR 1 _____
PCV 2 _____ DTAP 2 _____ IPV 2 _____ HIB 2 _____ HEP B 2 _____ MMR 2 _____
PCV 3 _____ DTAP 3 _____ IPV 3 _____ HIB 3 _____ HEP B 3 _____ VAR 1 _____
PCV 4 _____ DTAP 4 _____ IPV 4 _____ HIB 4 _____ VAR 2 _____

IMMUNIZATION REFUSAL () MY CHILD HAD CHICKEN POX DISEASE ON: _____

I certify that the information on these pages, or any copy attached, is correct to the best of my knowledge.

Parent's Signature Date

Your registration is not complete until:

1. You have registered your child online OR returned a paper registration form.
2. You have paid the preregistration fee.
3. You have returned the Emergency and Medical Information Form (this form).
4. You have provided an immunization record (if not detailed in this Emergency and Medical Information Form).

Please mail, fax or personally return this form.
Fax is the preferred and fastest way to return this form.
Phone: Preschool 402-571-6515 x 109
Phone: Church 402-571-2038 x 109
Mail: StoneBridge Christian Preschool, 15801 Butler Ave, Omaha, NE 68116
Fax: StoneBridge Christian Preschool, fax# 402-571-7865

For Office Use Only

Date Received _____ Start Date _____
Registration Fee _____ End Date _____